

DECLARATION AND POWER OF ATTORNEY
(Related Application)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

STABILIZATION OF IMPLANTABLE BIOPROSTHETIC DEVICES
the specification of which is attached hereto and/or was filed on April 26, 2000 as Application No. 09/558,709.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to herein.

I acknowledge the duty to disclose information which is material to patentability in accordance with Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d), of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

FOREIGN PRIORITY APPLICATION(S)

			<u>Priority Claimed</u>
			<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/month/year filed)	

			<u>Priority Claimed</u>
			<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/month/year field)	

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional patent application(s) listed below and have also identified below any United States provisional patent application(s) having a filing date before that of the application on which priority is claimed.

PROVISIONAL PRIORITY PATENT APPLICATION

		<u>Priority Claimed</u>
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
60/131,257 (Application No.)	April 27, 1999 (Filing Date)	
_____ (Application No.)		
_____ (Filing Date)		<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, Section 120, of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or in the prior U.S. provisional application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose information material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56, which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.) (Filing Date) (Status)--(patented, pending, abandoned)

(Application Serial No.) (Filing Date) (Status)--(patented, pending, abandoned)

And I hereby appoint the registered attorneys and agents associated with **AKIN, GUMP, STRAUSS, HAUER & FELD, L.L.P.**, Customer No. 000570, as my attorneys or agents with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence to **Customer No. 000570, namely, AKIN, GUMP, STRAUSS, HAUER & FELD, L.L.P.**, One Commerce Square, 2005 Market Street, Suite 2200, Philadelphia, Pennsylvania 19103. Please direct all communications and telephone calls to **GARY D. COLBY, Ph.D., J.D.** at (215) 965-1285.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full name of sole
inventor, if any Robert J. Levy

Inventor's Signature 

Date 5/10/00

Residence Merion Station, PA

Citizenship United States of America

Post Office Address 440 Merion Road, Merion Station, PA 19066

Full name of second joint

inventor, if any Narendra Vyavahare

Inventor's Signature

Date 5/12/00

Residence _____ Erial, NJ

Citizenship _____ India

Post Office Address 11 Arlington Road, Erial, NJ 08081[illegible]

Applicant(s):	Robert J. Levy, et al.
Title:	STABILIZATION OF IMPLANTABLE BIOPROSTHETIC DEVICES
Application No.:	09/558,709
Filing Date:	April 26, 2000
Examiner:	Marcus Kirk
Group Art Unit:	3738

REVOCATION OF PRIOR POWERS OF ATTORNEY BY APPLICANT
APPOINTMENT OF NEW POWER OF ATTORNEY BY APPLICANT
CHANGE OF CORRESPONDENCE ADDRESS

Commissioner for Patents
Washington, DC 20231

Sir:

The undersigned applicant in the above application hereby revokes all previous powers of attorney in connection with this application and hereby appoints the following registered attorneys and agents of the law firm of FOLEY & LARDNER as its principal attorneys to have full power to prosecute this application and any continuations, divisions, reissues, and reexaminations thereof, to receive the patent, to transact all business in the United States Patent and Trademark Office connected therewith, and to have full power of substitution, association, and revocation, including the power to revoke the power of attorney of any associate attorney:

STEPHEN A. BENT	Reg. No.	29,768
DAVID A. BLUMENTHAL	Reg. No.	26,257
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Please direct all future correspondence concerning this application to:

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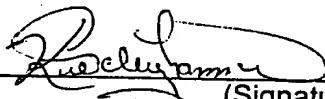
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Executed this 26 day of March, 2001.

Respectfully submitted,

THE CHILDREN'S HOSPITAL OF PHILADELPHIA

By:


(Signature)

Kurt Schwinghammer
(Printed Name)

Director
(Title)

FILED 03-09-01

Applicant or Patentee: *Levy et al.*
Application or Patent No.: Not Yet Assigned
Filed or Issued: Herewith
For: **STABILIZATION OF IMPLANTABLE BIOPROSTHETIC
DEVICES**

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(d) and 1.27(d)) - NONPROFIT ORGANIZATION**

NAME OF ORGANIZATION: **The Children's Hospital of Philadelphia**
ADDRESS OF ORGANIZATION: **34th & Civic Center Boulevard
Philadelphia, Pennsylvania 19104-4318**

TYPE OF ORGANIZATION:

- ☐ University or other institution of higher education.
☒ Tax exempt under Internal Revenue Service Code (26 USC 501(a) and 501(c)(3)).
☐ Nonprofit scientific or educational under statute of state of the United States of America.
Name of State _____
Citation of Statute _____
☐ Would qualify as tax exempt under Internal Revenue Code (26 USC 501(a) and 501(c)(3) if located in the United States of America.
☐ Would qualify as nonprofit scientific or educational under statute of state of United States of America if located in the United States of America.
Name of State _____
Citation of Statute _____

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under Sections 41(a) and (b) of Title 35, United States Code, with regard to the invention of the above identified patent or patent application.

I hereby declare that U.S. rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above-identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27).

FULL NAME _____
ADDRESS _____

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization


FULL NAME _____
ADDRESS _____

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in the status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that the statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Robert Uris
TITLE IN ORGANIZATION Vice President, Research Administration
ADDRESS OF PERSON SIGNING Abramson Pediatric Research Center
The Children's Hospital of Philadelphia
34th Street and Civic Center Blvd.
Philadelphia, Pa 19104-3147

SIGNATURE  DATE: 4/27/99